								4	ÉV	2654	
8 8		Complete if Known									
				Application N	lumber	10/	10/087,608				
FEE TRANSMITTAL			<b>-</b> [	Filing Date		Oct	October 21, 2001			· Ki	
For FY 2005				First Named	Inventor	Gal	Galanes APD 2				
				Examiner Na		792	29	13	<del>1 ~~ / 1</del>	0 2006 B	
☐ Applicant claims small entity status. See 37 CFR 1.27				Art Unit		Qi I	Han	— /s	3		
TOTAL AMOUNT OF PAYMENT (\$) 1200				Attorney Docket Number M61.12-0394			1.12-0394	· · · · · ·	PADEMAPIK OF		
METHOD OF PAYMENT (Check all that apply)											
□ Check ☑ Credit Card □ Money Order □ None □ Other (Please Identify):  ☑ Deposit Account - Deposit Account Number: 23-1123 Deposit Account Name: Westman, Champlin and Kelly For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee ☑ Charge any additional fee(s) or underpayment of fee(s) ☑ Credit any overpayments under 37 CFR 1.16 and 1.17  Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.											
FEE CALCULATION											
1. BASIC FILING, S	EARCH, AND EX	CAMINATION FEE	ES								
Application Type         FILING FEES         SEARCH FILING SEES           Small Entity         Small Entity         Small Fee (\$)								Fees Paid (\$)			
Utility Design	300 150 200 100		25 5	-	200 130	100 65		`	1.	_	
Plant	200 100		15		160	80				•	
Reissue	300 150		25		600	300					
Provisional	200 100	0	C	)	0	0					
2. EXCESS CLAIM FEES  Fee Description  Fee (\$) Fee (\$)										mall Entity Fee (\$)	
Each claim over 20	or, for Reissues,	each claim over 2	20 and m	ore than in th	e original p	patent		50	_	25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200										100	
Multiple dependent	claims							360		180	
Total Claims				) <u>Fe</u>	Paid (\$)			Mult	tiple Deper	ndent Claims	
0	- 20 or HP =	0 x	50	=	0			Fee (S		Fee Paid (\$)	
HP = highest number of to	· · · · · · · · · · · · · · · · · · ·		E00 (\$	\ Fo	Daid (\$)		-	360		0	
<u>Indep. Claims</u> 0	- 3 or HP =	tra Claims 0 x	Fee (\$	) <u>rei</u>	Paid (\$) 0						
HP = highest number of ir		- ::	200		•						
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)											
<u>Total Sheets</u> 0	- 100 = <b>0</b>	<u>eets</u>	<u>ber of ea</u> 0			<u>ction therec</u> e number) x		( <u>a)</u>	<u>F</u>	<u>ee Paid (\$)</u> = <u>0</u>	
4. OTHER FEE(S)	- 100 - 0	7 30 -	U	(round u	J to a wildi	e number) x	. <u>230</u>		Fo	_	
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  -											
Other: 3-month extension of time  IDS filing fee  180											
SUBMITTED BY											
Signature	1	to			Registra (Attorne)		36,188		Telephone	: 612-334-3222	
Name (Print/Type)	Steven M. Koe	hler							Date: //	14/010	